U.S. Department of Labora
Office of Labor-Management
Standards Standards Washington, DC 20210 Washington, DC 20210

FORM LM-30 (See all 19 a consultation and the consu

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LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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	(NIG17 2005)
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

E B A	
1. File Number U - 18094	2. Fiscal Year Covered From:
,	01 / 01 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization. LNTERNATIONAL UNION OF BRICKLAYUNG AND
Name FINTHONY S' SESSIONS SR.	Name ALLIES GRAFTWERKERS BOLAL #1-SCORKSA
/	Łabor Organization File Number 53 837
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 11260 Island Club LN.	Street 145 EAST 115 St.
City JACKSBNVILLE	City JACKSONVILLE,
State Alexida. ZIP Code + 4 32225	State <i>Florida</i> ZIP Code + 4 32206
5. Position in labor organization. Butter Stell Rep.	resenative
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests slons set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Mature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
Street	7.b. Amount.
City	
State	Le marie de la circa certa certa de la
Sign	ature Mathon Lanjons
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the sec	Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the
Signed MATARIA SENSIONS	On <u>AUG-15-05</u> <u>904-354-0262</u> Date Telephone Number

Name of Person Filling Hathany Sessions	File Number U-	N-A
B. Held an interest in or derived income or economic benefit with monetary valuable substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or trectly to, or otherwise	:
8. Name and address of Business (including trade name, if any). Name ALAMIA CAPITEL Advisors LC Trade Name, If any: P.O. Box, Bldg., Room No., if any Street 309/ Maple Drive M.C. City ALAMIA, State Despin, ZIP Code + 4 30305	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Algridg TROWEL TRAJES FUNSION June Trade Name, if any: P.O. Box, Bldg., Room No., if any	INVESTMENT M	ANAGER
Street 2001 CALAWELL DRIVE	11.b. Approximate dollar value of such dealing	g. 60,000
CHy Leadlettsville	12.a. Nature of interest held or income rec	
State 7N- ZIP Code + 4 37072	PRUSTER MEETIN	
in the second of	PRUSTER MEETING	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	12.b. Amount. r parts A and B above) or other thing of value.	- <i>be</i>
C. Received from any employer (other than an employer covered unde	12.b. Amount.	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any).	12.b. Amount. r parts A and B above) or other thing of value.	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any). Name	12.b. Amount. r parts A and B above) or other thing of value.	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any). Name Trade Name, if any:	12.b. Amount. r parts A and B above) or other thing of value.	

Form LM-30 (2003)

Constant

Name of Person Filing ANTHONY JUSSIONS	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Fla. TROWEL TRANCE PUBLICA AND	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	L b. Trust
Street 2001 CANWELL Drive	c. Employer
city Hoog lettsfille	
State 71/1 ZIP Code + 4 3707Z	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	ANTHONY Sessions: is AN UNPAID TRUSTEE
Trade Name, if any:	HOWAS READ PAID EXPENSES - relating To Jund Business
P.O. Box, Bidg., Room No., If any	le suner survives
Street	
City	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
State ZIP Code + 4	Rusives reimpurements of
	Resided reimburaments of Money spent for attendance at Thustee conference and
	11 6 dio aligned mallished
	taucaione congeni
	12.b. Amount.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.
(Including trade name, if any).	
Name	6
Trade Name, If any:	
P.O. Box, Bidg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filling ANHONY SUSSIDMS	File Number U-					
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, seiling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or seiling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (including trade name, if any). Name TWESTMENT PERFORMANCE SERVICES	9. Business deals with: a. Labor Organization					
P.O. Box, Bidg., Room No., if any Street 7402 Hodg Son Memorial Drive # 100	b. Trust c. Employer					
City SAVANNAh State Meargia ZIP Code + 4 3/4/6						
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	14.12				
Name	INVESTMENT CONSUL	114N7 ·				
Trade Name, if any:						
P.O. Box, Bidg., Room No., if any						
Street	11.b. Approximate dollar value of such dealing.	30,000				
City	12.a. Nature of interest held or income received.					
State ZIP Code + 4	DINNER WITH TRUSTE AND SOLF	e Meeting				
	DINNER WITH TRUSTE AND GOLF	•				
	DINNER WITH TRUSTE AND SOLF 12.b. Amount.	E Meeting				
	ANA SOLF 12.b. Amount. r parts A and B above) or other thing of value.	•				
State ZIP Code + 4 C. Received from any employer (other than an employer covered under	ANG SOLF 12.b. Amount. r parts A and B above)	•				
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	ANA SOLF 12.b. Amount. r parts A and B above) or other thing of value.	•				
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	ANA SOLF 12.b. Amount. r parts A and B above) or other thing of value.	•				
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	ANA SOLF 12.b. Amount. r parts A and B above) or other thing of value.	•				
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	ANA SOLF 12.b. Amount. r parts A and B above) or other thing of value.	•				
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	ANA SOLF 12.b. Amount. r parts A and B above) or other thing of value.	•				

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Name of Person Filing Authory Sebsions	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business ively seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name JJPCA JNUCSTMENT Trade Name, if any: P.O. Box, Bldg., Room No., if any Street J40/ PLA Blud Smite IDO City HLM BEAU MRAENS State JL ZIP Code + 4 334/0	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	~~~
Name Ja Trovel TRAIS Pansion June Trade Name, if any: Southern Benefits The P.O. Box, Bldg., Room No., if any Street 2001 CALINGLE RAWE City Southernstalle State The ZIP Code + 437012-3589	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. BRONCH DIMBR- TN CONNECTIONWITH Conference 12.b. Amount.	The second distribution of the second of the
C. Received from any employer (other than an employer covered unde		
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant		
(including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City		gregorial destructions and the consequence of the second o
State ZIP Code + 4		:
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	